Rheumatism 1820 #7

John Steel Given.

admitted March 3d 1820

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Rheumatism, previous to the time of Sydenham, seems to have been confounded with gout. To him we are indebted for the first distinct and accurate history of the disease.

By Nosologists, Rheumatism has been divided into acute and chronic.

Different opinions have been entertained concerning the proximate cause of Rheumatism. In the acute species, Cullen supposes a phlogistic diathesis of the blood with a peculiar affection of the muscular fibre to exist; and in the chronic, an atony both of the blood-vessels and the muscular fibre of the part affected together with a degree of rigidity and contraction, such as frequently attends them in a state of atony. Some consider it as consisting in a lentor of the fluids; others in a peculiar acrimony.

The present received opinion is, that the proximate cause consists in an inflamma-

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tion of the membranes and tendinous aponeurosis of the muscles. In proof of this, dissections have shown these parts to be in an inflamed state. If we examine a patient labouring under this disease, the marks of inflammation will be evident; a quick, frequent and full pulse, redness of the affected part. The treatment which the disease demands is moreover a convincing proof of its consisting in inflammation; which inflammation differs from phlegmonous, in as much as it never ends in suppuration,* or produces what is termed by surgeons laudable pus, but resembles more the inflammation which attends gout, and may therefore be termed an inflammation sui generis.

Rheumatism, though it somewhat resembles gout, still in many respects differs from it. The former comes on more slowly and gradually than the latter; it is not confined

* Since writing the above I have been informed by Dr Chapman that in one case of Rheumatism he was in consultation with Dr Barton the un=

to one spot as the gout, but is wandering from place to place. Rheumatism has no premonitory signs, gout always has. Rheumatism is seated in the large joints, as the hips, shoulders, knees; gout in the small, as the toes and fingers. Rheumatic limbs have not a light red colour as gouty ones. The fever which attends Rheumatism is of the continued type, whereas that of gout has periodical remissions. It is like most of the pyrexiae preceded by rigors and a sense of cold. The best mark of distinction however, is that gout is a gastric disease, which Rheumatism never is as a primary affection.

Rheumatism is most frequently brought on by exposure to cold, wearing wet clothes, sleeping on the ground or in damp beds, being exposed to the cool air when heated. Change of climate is not an unfrequent

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cause of the disease; hence it is, that sailors are so frequently attacked by it. Whatever obstructs perspiration is liable to produce the disease.

Persons much affected with Rheumatism, are generally sensible of the approach of wet weather: their pains at that period become more wandering.

Acute Rheumatism for the most part attacks with lassitude and rigors, succeeded by heat, thirst, anxiety, restlessness, a hard, quick, and full pulse. After a short time pains come on, which are mostly confined to the larger joints; but not unfrequently, are found shifting from one to the other. A redness and swelling is left in every part which the pain occupied, and the parts are very sensible to the touch. These symptoms towards evening increase; there is great exacerbation of the fever; the pain is more severe during the night: Sometime, the

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pain becomes fixed; at other times, the whole muscular system is under the influence of the disease. It is the opinion of practitioners, that there is no disease, which attacks individuals, in a greater variety of forms than Rheumatism. The Diaphragm and heart are not exempt from it. It occurs in the eyes, head, and superficies of the body. Dr Chapman is of opinion, that the skin is sometimes attacked by it. The stomach is not much affected, but the bowels are costive. In the early stage of the disease, the urine is colourless, and without sediment, but as it advances, and the fever considerably remits, a lateritious sediment is deposited.

Commencing the treatment of Rheumatism, we are called upon from the nature of the disease, and the violence of the symptoms, to use all our depleting remedies, and these are to be persevered in; without

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which, little advantage will be derived. The first is venesection. Deprived of the lancet, all our attempts to cure acute Rheumatism will be fruitless. This practice, which is the one at present confided in, and the one which experience has demonstrated to be the most effectual, has not been sanctioned by all practitioners. Dr Geo. Fordyce tells us, that for the last fifteen years he had entirely left off bleeding in this disease, and that he had not lost more than two or three patients in that time. He adds, that when he practiced bleeding largely, metastasis were very apt to take place and destroy the patient. I have never seen this take place from bleeding largely in many cases that have come under my observation. But have always had the pleasure of seeing the patient perfectly restored, or greatly relieved by the remedy.

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It is remarkable what difference of opinion exists on this subject. One set of practitioners, treating the disease by depleting remedies, whilst another set prescribe stimulants, and both with alledged success. What can this diversity of treatment be owing to? Is it on account of the difference of constitution? Or is it that the disease assumes a state of debility in one country and excitement in another? If it be not the case, I am totally unable to account for the diversity of treatment. But let the practice of others be what it may, we still have the experience of a great majority of practitioners in favour of bloodletting; some have even gone so far as to say, without the free use of the lancet, we are unable to conquer the disease.

It was the practice of those who rejected bloodletting in this disease, to administer

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the bark; and those, who have used it, speak of its superior efficacy to the lancet with great confidence. I have just stated the success of Fordyce, and many others entertain the same opinion*. This practice I have seen, but not attended with that success which is related by its advocates.

If we are permitted to reason from analogy, it will be evident that the practice is erroneous. Intermittent fever, which is acknowledged to be a disease of an inflammatory nature, it is well known, cannot be cured by the exhibition of bark, without previous depletion; and precisely similar do we find it to act, when administered in acute Rheumatism without this precaution. This view of the subject may be objected to, by considering the inflammation which exists in the two diseases of a different nature. But this

* Haygarth, Sir Geo Baker, Saunders &c.

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will not avail, as we find that the same remedies will relieve the inflammatory action of both diseases. It was the opin=ion of Sydenham, that bark so far from being a remedy, was frequently the cause of the disease.

It cannot however be denied, but there are particular stages of the disease, in which the bark is of unequivocal advantage. Whenever the disease is of the intermittent or remittent character, we may resort to the bark; and also when the patient is in a state of convalescence. At this time the patient is harrassed with wandering pains, which not unfrequently produce great debility. In this case the bark is superior to any other remedy.

It is necessary to remark, that while we are combating the disease by bloodletting, we must not overlook purging: this

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becomes the more urgent, as the bowels are most frequently in a costive state. The saline purgatives are to be employed.

I have seen several cases of Rheumatism completely arrested, by active bleeding, accompanied with saline purgatives, when the disease could not be subdued by other remedies.

After the necessary evacuations have been made, we must resort to diaphoretics, but the practitioner must be careful in their administration, as great injury may be done by their too early exhibition. It is to the latter stage of the disease, we are to look for success from this class of remedies. At first, it will be proper to employ the antimonial preparations; but in a short time we may resort to more stimulating articles, as the Dovers powders. Dr Chapman from the great

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success he has had with this latter remedy, prefers it to all others of this class.
The volatiles have been recommended; also Camphor; but at present are but little prescribed. It is necessary to assist the operation of these medicines, by warm drinks such as herb-tea, barley-water &c. When perspiration is excited, it should be kept up for twenty four hours, or no benefit will be derived from it.
Of late the Prussic acid has been recommended in the treatment of Rheumatism; but already is falling into disrepute. On making some inquiry of a medical gentleman,* who experimented largely with this medicine, he informed me, he had completely restored three patients, but did not state in how many cases he administered the remedy. I am inclined to believe the number was great.

* Dr Calhoun

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In a late work, published by Dr Balfour on Rheumatism, it would appear that the long sought remedy is found. Numerous instances are recorded by him, where perfect cures were effected by the mere application of a flannel bandage to the diseased part. If we can credit the authority of Dr Balfour, (and certainly we have no reason to doubt it) to him is due the credit of having offered to the world a remedy by which we are able to conquer this disease. He says it is beneficial in every form and stage of Rheumatism. To what extent the bandage may be useful, I cannot say; never having seen it applied in the early stage of the complaint. But in the advanced stage of the disease, effusions not unfrequently take place; here I have seen the bandage afford great relief. The introduction of the bandage in this case, is due to the professor

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of the practice in the University of Pennsylvania.
Blisters may also be used at this time. When applied to the part affected, they frequently relieve the patient
By some practitioners, Emetics are resorted to; but little advantage is to be derived from their administration, unlesp the disease partakes of the intermittent or remittent character.
Whilst we are employing general remedies, we must not overlook the local inflammation, in which the patient is sometimes hardly able to bear its excruciating pain. Cold applications have been used, but their efficacy is much doubted. Dr Chapman has seen the remedy made use of, and he says that it always aggravates the disease. Topical bleeding with cups and leeches, succeeded by blisters, are the most suitable remedies. The warm bath has also been used with some advantage. It is necessary in the

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treatment of acute Rheumatism, that a strict adherence to the antiphlogistic regimen be adopted.

Chronic, or rather Atonic Rheumatism, is not unfrequently the consequence of bad management in the first stages of the complaint. But it may arise also from the same causes, which produce the acute. These have been mentioned in the early part of this essay.

This form of the disease is attended with pains in the head and large joints, sometimes confined, but not unfrequently shifting from one to the other. There is little inflammation or fever. It is sometimes lingering and protracted, lasting for weeks, and even months, but occasionally goes off leaving the parts which have been affected in a state of great debility.

As the disease consists in an atony of the extreme vessels, and the muscular fibres of

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the part, some difference of treatment must be adopted, from that which has been detailed. Here we must arouse the blood-vessels from their state of torpor, on which the disease depends. To accomplish this, we must resort to that class of remedies denominated stimulants.

Previous to my entering on this class of remedies, I must say something relative to blood-letting. In this form of the disease, the phlogistic diathesis of the arteries is kept up, while the system is enfeebled and exhausted. Venesection, under these circumstances, will afford but temporary relief: at present the practice is nearly abandoned.

From the frequent alternations of this disease with some of the bowel affections, particularly dysentery and diarrhoea, Dr Chapman, by observing the disease frequently go off in this manner, was led to the use of purging. By pursuing this course, he has in

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many instances cured the complaint.
Sweating may be found useful in this stage of Rheumatism. Those medicines, which are to be preferred, have been enumerated on a former occasion: But here we might make use of the Eupatorium perfoliatum. To assist their operation, some of the external means may be employed; such as the vapour-bath, bottles filled with hot water, and applied to the affected part.
Juniperus Sabina has lately been introduced as a remedy in the cure of Rheumatism, the credit of which is due to Dr Chapman. For its successful application, he says, "it requires a very nice discrimination." There are some cases attended with a cold skin, either dry or covered with a clammy sweat, with rigidity of the joints, amounting sometimes to loss of motion, with pain often acute, and aggravated by the vicissitudes

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of weather, or by accidental falling off of the covering at night: It is in these cases the remedy has proved successful.*

Encouraged by his success in the one form of the disease, he was led to administer it in Syphilitic Rheumatism. Here the remedy was highly flattering.

Volatile tincture of Gum Guaicum has been highly extolled by some practitioners, exhibited in as large quantities as the stomach can bear. In this way, it will occasion an insensible diaphoresis, and produce the most comfortable and delightful sensations to the patient.

Numerous other remedies have been mentioned by practitioners, but which are much inferior to those already enumerated. These are the Peruvian bark, Sarsaparilla, Oxyd of Arsenic, Opium: The latter may be given where there is great pain. Bruised Mustard seed, also Electricity; little benefit will be derived from this, unless long

* Taken from Dr Chapman's lectures

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Effusions not unfrequently take place. Here we may resort to the bandage and blisters, as in the former case.

Frictions, made with the flesh brush or with flannel. But more stimulating articles are sometimes required; such as the Camphorated or Volatile liniment. Tartarized Antimony, moistened with a little water, and briskly rubbed on with the hand, gives great relief. I have also seen Turpentine and Cantharides used with equal advantage.

When by the remedies enumerated we are unable to conquer the disease, we must resort to Mercury. It must be given in small doses, so as to produce ptyalism, which must be kept up for a considerable time. By this, the patient is generally relieved from this most distressing complaint. To this remedy are we indebted, for our success in the cure of Syphilitic Rheumatism.

The patient should be clothed in flannel; he should not expose himself, as he is liable to have a fresh attack.
When all these remedies have failed to produce the desired effect, we must advise a removal to some warmer climate; or if the patient be of a sedentary disposition, we should recommend a removal to the Country. These frequently perform cures, when medicines have failed.

The diet of the patient in chronic Rheumatism should be nutritive. Spirituous liquors are to be avoided. By temperence, moderate exercise, and regular habits, we may prevent a return of the disease.